SUCCESSFUL PROJECTS AND COMMUNITY HEALTH PROJECTS
M.A. Gravrilă

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Abstract: Project issue: determining the life expectancy of the population of industrial communities (Ursoniu, 1996), depending on the determinants of health, life expectation test calculated by author Peter Russell (Poodwaddle.com).

The study group is an industrial community made up of 41 people, including 19 women and 22 men. Profile of activity: office work at the display screen.

Research methodology: the questionnaire was applied to the expectancy of life, Peter Russell. It consists of a 34-step test for assessing life expectancy without the following parameters (which can be equated as modifiable risk factors and modifiable) (questionnaire adapted from Peter Russell, *Life expectancy calculator*, Poodwaddle.com).

The research results: findings life expectation was realized the following parameters (which can be equated as modifiable risk factors and modifiable.

Conclusions: appreciation expectation of life and health of the population studied industrial community is based on the maintenance of homeostasis, which is kept using the factors sanogenetic.

Key words: successful projects, community, health projects, sanogenetics factors, risc factors.

Introduction

Types of projects:

Professional Projects (we are committed to the company and with colleagues, participate in achieving the vision and common objectives);

Scientific projects;

Student Projects (eg. EfaStud conference);
Personal projects (family, etc.).
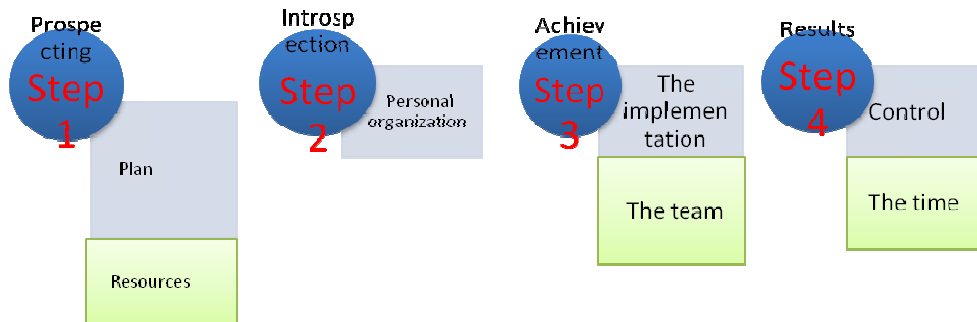Below we present the stages of a successful project (figure 1).

Figure 1. The stages of a successful project

Step 1. Prospecting:
The plan of the project:
Clear and unified vision of the purpose and desired results;
Detailed planning of the action;
Clear rols and responsabilities;
High standards, performance / excellence.
Resources:
Financiar resources (many);
Time (or not we have, or we do other activities needed for survival), or pretend that we do not have (the famous 'No time!'), when in fact we feel and we are not willing to make time;
people involved (team / motivation);
Knowledge, logistics (how to get what we want to accomplish).
Step 2: Personal organization
Step 3: The implementation of the project. It is realize to the project team.
The implementation can be done in two ways: modeled after the Western model or oriental.

Western model has the following characteristics:
Planning is short, but the implementation is long. We think little / not at all what she did and what we do. We react emotionally to situations that life brings to us, without us making any advance plan on how to overcome them. Most people are still in this situation because they make

choices from an emotional, rather than rational level up (thinking) or, better still, intuitive level. And this happens because of genetic and cultural programming (environmental).

Planning short (or lack thereof):

=> High probability of error / failure (and see them, interpreting them as a failure and not as steps to success.

=> Higher consumption of resources while broader exposure due to changes that may occur in the environment, II society in which they live.

The oriental Japanese model:

Planning and implementation is long. Spend more time thinking steps in advance, gathering useful information, resources evaluating different options, different courses of action. It is a model that relies more on the elections from the rational and intuitive.

Implementation:

=> Peccability is much smaller,

=> Costs are lower,

=> Chances of success at the appropriate time increase => Success!

The conclusion of success:

This emphasis on planning - human being (inner knowledge, health, communication),

(Sillany, 1996).

Knowledge:

Knowledge of bio-psycho-social: WHO defines health as 'a state of complete well in terms of physical, mental and social and not merely the absence of disease or infirmity' (WHO, 2002). Under this concept of individual it is perceived as a whole: bio-psycho-social and his health is complex balance between body and environment, with the possibility to adapt the organism to the environment (homeostasis) (Gavrilă, Gavrilă, 2016).

Inner

1. What is your health (medical analyzes and investigations);

2. Who are you? What resources genetics soul / energy you? What values determines your behavior? Tests temperament / personality) => true identity;

3. What you really want? What you can do? => The vision of what you want and you can become (personal development)

External (the universe of life, family, extended family, community, town).

Success is primarily an expression of who you are, not what you do or what you have!

Prevention:

Healthy lifestyle, healthy behaviors education;
Emotional balance (positive, progressive);
Ascending;
Communication (neurolinguistic programming, education, psychology, etc.) =>
quality human relationships.
Measure the success of <= Knowledge + Communication.
1 and 2 steps, the final step 3 communication (Western model: communication without knowledge).
You mean 'we are right, this is what is right - first tools for communication, interpersonal relationships of any kind (how to make money, how to attract love', pleasures and amusements of any kind) the rest (self-knowledge, health) less ultimately, almost all, anyway less important '=> cursory knowledge of the world we live.
Knowledge is the key to a genuine success => genuine leader in the consciousness of society in the long term.

Successful project to health evaluation of the population

Life expectancy is passing in a particular rhythm and individualized health through various steps to exitus (Gavrilă, Gavrilă, 2016).
It has been shown that longevity and vitality of a human individual not only known genetic determinism, it is influenced by: the personal style of life, activity, stress levels and vocational everyday health. Personal style of life is given type of behavior, which in turn are influenced by social factors, the existential context of the individual (traditions, lifestyle habits, education level, etc.), (Gavriluță, 2003). We can thus conclude that the lifestyle of an individual is the sum of its behavior, conditioned by the social context of existential moment (Gavrilă, Gavrilă, 2016).

Project objectives

Determining the life expectancy of the population of industrial communities (Ursoniu, 1996), depending on the determinants of health, life expectation test calculated by author Peter Russell (Poodwaddle.com).

The study group

Is an industrial community made up of 41 people, including 19 women and 22 men. Profile of activity: office work at the display screen.

Research methodology

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the following parameters (which can be equated as modifiable risk factors and modifiable) (questionnaire adapted from Peter Russell, Life expectancy calculator, Poodwaddle.com).

The research results

Findings life expectation was realized the following parameters (which can be equated as modifiable risk factors and modifiable) (questionnaire adapted from Peter Russell, *Life expectancy calculator*, Poodwaddle.com):

Date of birth (chronological age);

Real biological age (health age, years of health or personal biological age health: (eg. real biological age of an individual health smoker for 30 years with great age is 36 years);

Gender (female/male);

Breed (type indo-American, Asian, Black race, Caucasian, Hispanic), (bmj.com);

Body mass index (calculated as the ratio of body weight in kilograms and height in meters squared: BMI = G/h^2 (kg/m²), with interpretation in standardized tables for age and gender (medicalcriteria.com);

Daily physical activity organized as exercise;

Daily stress (constant level of stress) (Gavrilă, Moldovan, 2014);

Number of hours of sleep per night;

The level of training, education (environment, postgraduate) (Salade, 1995);

Blood cholesterol values (total cholesterol, low-density fractions type HDL cholesterol are used for predicting cardiovascular risk), (Puşchiţa, 2005);

Blood pressure;

Smoking (years of smoking, the average number of cigarettes smoked/day, consider including passive smoking) (Gherasim, 1995);

Family history of coronary heart disease (first degree relatives);

Longevity in the family (parents, grandparents);

The level of health education (regular medical checks PMC and other medical examinations clinical and laboratory prophylactic);

Personal history of heart disease (angina, electrocardiogram ECG with amendments) (Gavrilă, 2015);

A history of respiratory pathological (chronic bronchitis, emphysema, asthma, etc.);

Personal history of digestive pathology (colitis, peptic ulcer, liver);

Diabetes (insulin-dependent).

Conclusions

Appreciation expectation of life and health of the population studied industrial community, is based on the maintenance of homeostasis, which is kept using the factors sanogenetic (figure 2). By understanding any condition sanogenetic factor scientifically proven that its presence helps to maintain or improve health. This can contribute to maintaining the health of a human individual by a proper behavior, reducing risk factors (Rogers, 1951).

$$\text{Health} \quad = \frac{\text{Sanogenetic factors}}{\text{Risc factors}} \quad > 1$$

Figure 2. The equation of health determinants (Gavrilă, Gavrilă, 2011)

As a professional risk factor was identified, mostly static position in the office.

Discussions

It proposes improving the health of the population by reducing professional and personal risk (Gavrilă, Moldovan, 2014).

Occupational risk is improved by educating workers regarding work breaks: 10 minutes to 1 hour break and mobilization by raising office and making a few steps across the room and/or outdoor.

Personal risk factors monitored by follow-up the health of each person, the doctor. It specializes informing the person on national preventive health programs and/or cleaning (Lucuț, Rădulescu, 2000).

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